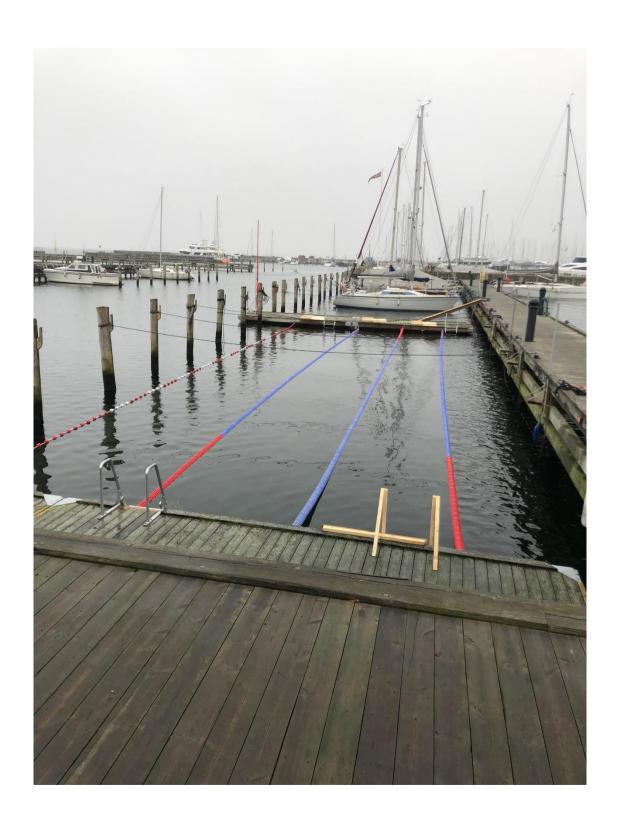


IISA Event – Skovshoved Havn – 8 januar 2022





1. Event details

Date: 8 January 2022

- Event venue: Skovshoved Havn 4, 2920 Charlottenlund, Danmark

- **Event duration**: 9:00 to 12:00

- Participants:

o Kathrine Bagger (250m)

Sue Allingham (250m)

o Rikke Danielsen (250m)

o Alexandre Wais (500m)

Nadja Joy Tønnesen (1.000m)

Henry Lykke Stokholm (1.000m)

- Event committee:

Event Director: Alexandre Wais
 IISA Official: Alexandre Wais
 Referee: Alexandre Wais

o Medical Officer: Kathrine Bagger

o Medic: Michael Bødker

- Program

9:00	welcome, registration & distribution of caps
9:30	safety brief for Heat 1 (Kathrine)
9:50	Heat 1 start
10:15	safety brief for heat 2 & 3 (Sue, Rikke, Nadja & Henry)
10:30	Heat 2 start (Sue & Rikke)
11:15	Heat 3 start (Nadja & Henry)
12:00	Heat 4 start (Alex)
12:15	Event finished

- Price:

- o 150 kr for 250m
- o 200kr for 500m
- o 300kr for 1.000m

2. Practicals

This IISA Event is organised in connection with the Ice Challenge, which offers facilities to deposit cloth, sauna and free coffee/snack. Registration starts at 10:00. More information there: <a href="https://link.ncbi.nlm.ncbi.

See the map prepared by Ice Challenge there: <u>link</u>

3. General requirements

Swimmers were asked prior to the event to:

- Register on the IISA Event latest on 8 January (link)
- Bring a copy of their IISA Medical Assessment Form



- Bring a negative covid test (48h for quick test, 72h for PCR test)
- Be accompanied by a "second"
- Bring a belt for swim rescue

4. Medical requirements

Swimmers must undertake a medical examination using IISA (International Ice Swimming Association) Medical Assessment Form including an ECG six months prior to the swim. The swimmer must declare his/her intent to make a swim attempt to the doctor handling the medical examination. The swimmer must also disclose any relevant medical history to the doctor, any allergies, chronic illness or medications he/she consumes at the time of the examination.

Performance-enhancing drugs as identified on the World Anti-Doping Agency List of Prohibited Substances, are prohibited. (https://www.wada-ama.org)

5. Conduct of the swim

5.1. The pool

The swim will take place in an artificial pool installed temporarily in the harbour of Skovshoved (sea salty water). The pool is located between two floating barges attached with ropes to the dock & permanent pillars. The pool is 25 meters long and is divided in three lanes. Each lane will have a ladder on each side of the pool. A temporary wooden wall will be fixed to the barges for swimmers to turn on each side of the pool. The pool is approximately 3 meters deep, swimmers will never be able to touch the sea bottom. The floating barges are located two meters below ground level and can be accessed either by a permanent steel ladder (barge used for start and finish) or a thin bridge installed between the pontoon and the floating barge.

5.2. Swimmer's equipment

The use of a belt that allows the rescue lift of a swimmer is compulsory.

The swimmer can wear:

- one standard swimming costume, which may not be lower than the swimmer's knees and, in the case of female swimmers, a swimming costume which shall not be broader than the swimmer's shoulders and not above neckline.
- one pair of goggles; and,
- one standard silicon or latex cap only.

5.3. Before the swim

A briefing will be held before the swim to ensure that the swimmers and supervisors are familiar with the swim course, rules, recovery facilities and safety procedures (including this Emergency Action Plan and the symptoms of hypothermia, risk involved, symptoms and treatment).

5.4. Entry into the water

The swimmers must be unassisted from the start to the end of the swim.

Diving into the water is not allowed. Swimmers will use a temporary wooden pool ladder to enter the water, where they will start the swim.

5.5. In the water

The race will have three calls:



- 1. "Take off your clothes" the swimmer strips to swimming attire only. Leaving his/her clothes with the second
- 2. "Enter the water" or "Get in the water" the swimmer will enter the water to start line or climb down the pool ladder. Place feet on the pool push-board, not ladder. Hold the ladder with one hand and ready to start. Front shoulder below water surface.
- 3. "Go" swim start.

The swim must be uninterrupted and no resting on or contact with any floating objects is allowed. No swimming aids is allowed.

Tumble turns are not allowed. Only open turns are allowed, with at least one hand touching the end, body turns and legs pushing. Swimmers may then only be submerged for a maximum of 5 metres before breaking surface with their head and continuing swimming.

In case the swimmer needs help, the swimmer shall raise one arm and shout for help.

The referee may terminate the swim if they notice a change or deterioration in the swimmer's stroke or body language and/or if the swimmer cannot answer properly simple questions. The decision to terminate the swim is at their discretion. The swimmers are made aware of this rule and must accept the decision of the supervisors to terminate the swim and exit the water immediately. Since the swimmers may wear ear-plugs the supervisors will signal that the swim is terminated signalling with their hands.

The following triggers may raise flags and be assessed as "emergency incidents" requiring to terminate the swim:

- Soft triggers
 - Body language. The swimmer shows signs of fatigue or hypothermia. For example, the swimmer cannot swim straight (swims in "zig-zags")
 - o Stroke. The swimmer struggles to maintain a coordinated stroke.
 - Coherence. If asked simple questions, the swimmer cannot provide a coherent answer. For example, the swimmer cannot tell the date or answer a simple calculation question.
 - The swimmer stops too much (mostly expected on longer swims)
- Hard ones:
 - Pace time per 100 meters. The swim speed decreases dramatically. It is expected
 that the swimmer's speed will be lower than the usual pace due to cold water, but
 the speed should not decrease below a certain threshold.
 - Stroke rate per minute
 - o Kick
 - o Body position. The swimmer's legs "sink" (vs body position parallel to the water line)

Since the swim course is not further than 20m from accessible dry land at any part of the course, no water support vehicles are required based on IISA safety rules. The facilities are equipped with a lifebuoy and a rescue pole to assist swimmers if required. See details in Appendix 2.

5.6. Exit the water

The swimmers finish the swim by touching the wall of the floating barge.

They can then exit the swim by climbing the pool ladder leading the floating barge. The Swimmer must be unassisted from the start to the end of the Swim.



See details in Appendix 2.

5.7. After the swim

Precautions will need to be taken after the swim to help the swimmers climb the steel ladder between the floating barge and the dock. One person shall stay on the barge in case of fall, one person will remain on the dock to assist the swimmer and mitigate falling risks from the dock to the floating barge (2 meters fall). Swimmers shall be accompanied to the sauna by one or two persons, depending on how they look.

The swimmers will be offered a towel / dry robe. They will be assisted to walk to the sauna tent, which is located 50 meters from the pool.

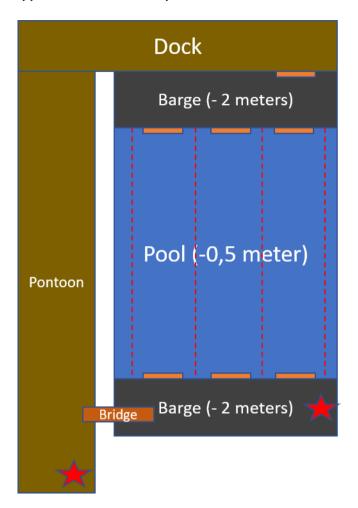


Appendix 1 – Plan of the facilities





Appendix 2 – Plan of the pool



Legend:

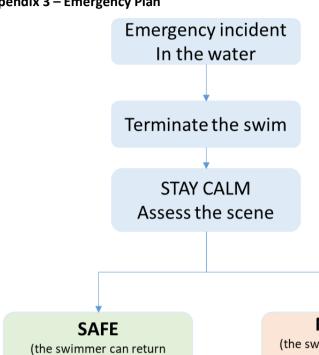
____ __ Ladder



X Buoy / rescue pole



Appendix 3 – Emergency Plan



Fetch the pole and buoy. Provide assistance if needed.

safely on dry land)

- Assist the swimmer climbing the ladder if needed.
- Assist the swimmer get dry and dressed. Offer food and hot drink.
- Accompany the swimmer to the sauna tent. Make sure he/she keeps dry and warm.
- If the situation deteriorates or in case of injury, call 112.
- If cardiac arrest, provide heart massage.

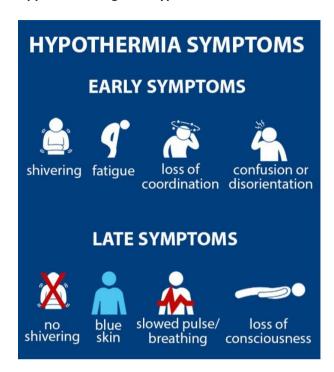
NOT SAFE

(the swimmer cannot return safely on dry land

- Call 112 and indicate:
 - Nature of emergency
 - Address: Badezone Sandkaj, Sandkaj 27, 2150 Nordhavn
 - Your name and phone
- Fetch the pole and buoy. Provide assistance to the swimmer.
- Require another swimmer to assist. If no other swimmer can assist, send an experienced ice-swimmer to
- Assist the swimmer up the ladder.
- Assist the swimmer get dry and dressed. Offer food and hot drink.
- Accompany the swimmer to the sauna tent. Make sure he/she keeps dry and warm.
- If cardiac arrest, provide heart massage.



Appendix 4 – Signs of hypothermia





- Move person to a warm place.
- Remove wet clothing.
- Warm center of the body first - chest, head, neck and groin.
- Give warm beverages if conscious.
- Wrap body and head in a warm blanket.
- Administer CPR if unconscious.

First aid treatment

Anyone with symptoms of hypothermia will need immediate medical assistance.

Until medical assistance arrives, taking the following action can help:

- moving the person to a warm, dry place, if possible, or sheltering them from the elements
- removing wet clothing, cutting items away if necessary
- covering their whole body and head with blankets, leaving only the face clear
- putting the individual on a blanket to insulate them from the ground
- monitoring breathing and carrying out CPR if breathing stops
- providing warm drinks, if the individual is conscious, but no alcohol or caffeine

It is vital not to use direct heat, such as heat lamps or hot water, as this can damage the skin. It can also trigger irregular heartbeats and, potentially, lead to cardiac arrest.

Do not rub or massage the person either, as these potentially jarring movements could also cause cardiac arrest.



ENSURE SCENE SAFETY Handle gently. Keep horizontal. Stabilize injuries. Consider causes of altered mental status other than hypothermia. SUSPECT NOT HYPOTHERMIC HYPOTHERMIA Normal mental status? COLD STRESSED - NOT HYPOTHERMIC >35°C NO YES Reduce heat loss, increase heat production. Shivering? NO Uninjured, alert and MILD HYPOTHERMIA 35-32°C YES shivering: may not need Protect from further cooling using insulation and vapor barrier. hospital. Seek shelter. Remove (cut off) wet clothing only with shelter. Functioning Trauma patients: active YES Measure temperature if possible. normally/able rewarming, trauma center. Passive warming: Support shivering with calorie replacement. to care for self? Asphyxiated patients: After protected from heat loss: No standing or walking for 30 min. closest hospital for Active warming is beneficial. (See moderate hypothermia, below.) observation. Shivering? YES MODERATE HYPOTHERMIA 32-28°C Hemodynamically stable: closest hospital. Treat as above NO Otherwise: hospital with Active warming: apply heat to upper torso: chest, axilla and back. ICU. Hospital with ICU and Use large heat pads, HPMK, Norwegian Heat Pac, forced-air. ECC capabilities if YES Conscious? Monitor. Circulatory access: peripheral IV or IO or femoral line. possible. NO Volume replacement: 40-42°C saline boluses. IV or IO glucose. No standing or walking. SEVERE/PROFOUND HYPOTHERMIA <28°C Hospital with ICU and ECC Signs of life or capabilities if possible. organized rhythm on ECG? Treat as above YES Respiration/pulse. Intubate or use supraglottic device. Check for up to 1 min. Anesthetic and paralytic drugs: Lower dosage and extend dosing interval below 30°C. NO . Ventilation: With advanced airway, ventilate at half standard (normothermic) rate. . Without advanced airway, ventilate at standard rate or use ETCO, to Lethal injury? or quide ventilation. DURING Chest too stiff for CPR? or . Use supplemental O₃, especially above 2500 m. TRANSPORT Avalanche burial >35 min and . Naso/orogastric tube if advanced airway in place. airway obstructed by snow? Handle gently. CPR if no signs of life. (Can use cardiac monitor, ETCO., US to confirm) Keep horizontal. . Chest compressions at standard normothermic rate. YES Continue rewarming. • If < 30°C VT or VF or AED advises shock: one shock at max power. Warm ambulance or . Warm 1-2°C or >30°C prior to additional shocks. helicopter to 24°C if . No vasoactive drugs until 30°C or above. From 30-35°C, increase possible. dosing interval to twice as long as normal. . CPR may be delayed or given intermittently if necessary to accomplish evacuation. . No temperature cut-off for CPR No CPR if signs of life or perfusing rhythm (unless no cardiac DEATH activity on US) Consider transcutaneous pacing if bradycardic with hypotension. Do not resuscitate. Terminate CPR if potassium >12.